



MISSOURI DEPARTMENT OF REVENUE  
**CHILDREN IN CRISIS TAX CREDIT**

FORM <b>MO-CIC</b> (REV. 10-2011)	
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NAME OF TAXPAYER		SPOUSE (IF APPLICABLE)		
SOCIAL SECURITY NUMBER, FEDERAL I.D. NUMBER AND/OR MO TAX I.D. NUMBER		SPOUSE SOCIAL SECURITY NUMBER		
ADDRESS OF TAXPAYER		CITY	STATE	ZIP CODE
QUALIFIED AGENCY NAME AND ADDRESS		<b>AGENCY TYPE</b> <input type="checkbox"/> CASA <input type="checkbox"/> CHILD ADVOCACY CENTERS <input type="checkbox"/> CRISIS CARE CENTERS		<b>TAX TYPE</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____

THE ABOVE TAXPAYER HAS MADE THE FOLLOWING CONTRIBUTION(S):

DATE OF CONTRIBUTION	CONTRIBUTION AMOUNT (minimum amount \$100)	TAX CREDIT (50%)

The current tax period begins \_\_\_\_\_ and ends \_\_\_\_\_. We are submitting this claim for the purpose of establishing the taxpayer's eligibility for the tax credit pursuant to Section 135.327, RSMo, and said taxpayer is entitled to a tax credit of 50% of the contribution. Children in Crisis tax credits are subject to available funding. If claims exceed the funding, the redemption of the credit will be prorated to the extent funds are available.

**I CERTIFY THIS CLAIM TO BE TRUE AND ACCURATE.**

SIGNATURE OF QUALIFIED AGENCY DIRECTOR

Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE (IF APPLICABLE)